

- Upon verification of a passing NBCOT examination score and receipt of official transcripts, the Board will notify you in writing on how to continue with obtaining a license/certificate. It is not necessary to submit a new application.
- All OT and OTA limited permit holders must practice under the supervision of an occupational therapist licensed by the Board pursuant to Title 16, California Code of Regulations, Section 4183.

Section I: Personal Data:

- **A, B, C.** Provide your full legal name, as you will use it in practice.
- **D.** Other names used (maiden, married, etc., including your legal name if it is different than as provided above).
- **F.** Residence Address: You must provide your residence address. It cannot be a Post Office Box. In accordance with the Information Practices Act of 1977, your residence address may be released to the public upon written request. If you do not want your residence address to be available to the public, you must designate an alternate address as your address of record.
- **G.** Address of Record: Your address of record can be a Post Office Box. All Board correspondence including your initial license, renewal notices, renewal licenses/certificates, etc. will be sent to this address.

You must notify the Board, in writing, of any change in your residence address and/or your address of record, within 30 days of the change.

- **J.** Disclosure of your Social Security Number (SSN) is mandatory. Your SSN will be used exclusively for tax enforcement purposes, verification of licensure and/or examination status, and verification of child support mandates. It may also be used for reporting to the Health Care Integrity and Protection Data Bank. If you fail to disclose your SSN, you may be reported to the Franchise Tax Board, which may assess penalties against you. You must have a SSN prior to issuance of a limited permit, license, or certificate.

Section II: Current/Previous License, Registration, Certificate:

If you hold or have ever held a license, registration, or certificate in any health-related profession, including occupational therapy, in any state, province, or country, you must request a letter of good standing from each of those jurisdictions. Please have each jurisdiction mail the letter of good standing directly to the Board.

Section III: Education:

Official transcripts are not required for a limited permit, however, must be submitted prior to being issued license/certificate. If your final transcripts reflecting fulfillment of the academic and fieldwork requirements are available, please have the program send them directly to the Board. Diplomas are not acceptable forms of documentation.

Section IV: Examination:

To receive a limited permit, you must submit an NBCOT authorization to test (ATT) letter. Please provide a copy of the ATT letter within the application. Upon completing the NBCOT examination, you must have NBCOT transmit your score directly to the Board.

Section V: Work/Experience Verification:

List the names, addresses and telephone numbers of each of the facilities at which you completed your fieldwork and each and every facility at which you have practiced in the field of occupational therapy.

Section VI: Disciplinary Actions and Criminal History Data:

Failure to include the information requested in this section will delay the decision of your eligibility for a limited permit.

- **A, B, F, G.** If you have had disciplinary action taken against a professional health care related license, registration or certificate, and/or been convicted of a crime, please attach: **(1)** a detailed explanation of the circumstances surrounding each incident; **(2)** a certified copy of the disciplinary order,

record of conviction, and police report; **(3)** proof of completion of probation; **(4)** documentation of your efforts at rehabilitation; and **(5)** verification that any fine imposed has been paid or that current payments are being made.

- **D.** If you have ever been fired, discharged, or had employment terminated for any reason from a health-related employer, you must include a detailed explanation of the circumstances.
- **E.** If you have a condition that in any way impairs or limits your ability to practice with reasonable skill and safety, please submit a written explanation of the circumstances, official inpatient and outpatient treatment records if applicable, and a statement regarding your efforts at rehabilitation. You may be asked by the Board's Enforcement Unit to provide additional pertinent information.

Section VII: Fingerprints and Photograph Requirements:

All applicants are required to submit fingerprints for the purpose of conducting criminal background checks through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). There are two methods available for submitting fingerprints. The first method is by rolling fingerprints on a standard 8" X 8" fingerprint card. Two cards must be submitted, one for the DOJ and the other for the FBI. The second method is through a process called "Live Scan." This method electronically scans and transmits your digitized fingerprints from the Live Scan site to the DOJ and FBI. The Board highly recommends the Live Scan process, as it is extremely time efficient. However, Live Scanning can only be performed in California, and may not be available in some parts of the State. If you are submitting fingerprint cards, please refer to the *Fingerprint Instructions* containing in the out-of-state application package.

INSTRUCTIONS FOR SUBMITTING LIVE SCAN FINGERPRINTS:

Live Scanning expedites the fingerprint clearance process as results are received in as few as 72 hours.

Live Scan Procedures:

1. Complete the Board's "Request for Live Scan Service" form BCII 8016 in **triplicate**.
2. Take the completed form (in triplicate) to the Live Scan site. There are more than 200 Live Scan sites throughout the state. A complete listing of Live Scan sites is available on the DOJ web site at <http://www.ag.ca.gov/fingerprints/publications/contact.php>. You are highly encouraged to call the Live Scan site first to determine if an appointment is necessary.
3. You must pay the \$51.00 processing fee and the requested rolling fee (determined by the local Live Scan agency) at the Live Scan site.
4. Once scanned, you should receive two copies of the form signed by the Live Scan operator. One copy is for your records.
5. Attach one copy of the Live Scan form to the application.

2" X 2" PHOTOGRAPH:

You must submit a 2" x 2" passport quality photograph of yourself taken within the past six months. Be sure that your face is completely visible in the photo. Please staple the photograph directly onto the application in Section VII (b).

VIII: Affidavit:

Your application must contain your original signature and date.